

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10099885

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	28	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	35 minus 20 = *	15
INDEPENDENT CLAIMS	6 minus 3 = *	3
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	270
X42=		OR	X84=	252
+140=		OR	+280=	280
TOTAL		OR	TOTAL	1542

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

#6 Leg for Ref
10/27/02



Intellectual
Property
Counsel

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Sunnyvale, California 94085
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October 21, 2002

Commissioner of Patents & Trademark Office
Finance Refund Section
P.O. Box 16
Washington, D. C. 20231

Enclosed is our August Monthly Statement of Deposit Account Sheets.

The first three (3) transactions (MIPFP010) (Serial #10/099,885) which are highlighted with information explaining that we paid for all three transactions with check #7101 in the amount of \$2156.00. Which has been cashed. We are requesting a refund of \$1354.00 on the first 3 transactions.

The next three (3) transactions (MIPFP011) (Serial #10/099,887) which are also highlighted with information explaining that we paid for all three transactions with check #7098 in the amount of \$2744.00. Which has also been cashed. We are requesting a refund of \$1000.00 on these 3 transactions.

The last two (2) transactions (AGSGO002) (Serial #10/226,481) which are also highlighted with information explaining that we paid for all two transactions with check #7499 in the amount of \$1204.00. Which has also been cashed. We are requesting a refund of \$346.00 on these last 2 transactions.

We are requesting a total of \$2700.00 credit that is due to us.

Sincerely,

A handwritten signature in cursive script that reads 'Norma Gurss'.

Norma Gurss
Assistant Office Manager



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

MONTHLY STATEMENT
OF DEPOSIT ACCOUNT

To replenish your Deposit Account, detach and
return top portion with your check. Make check
payable to Commissioner of Patents & Trademarks.

Account No.	500805
Date	8-30-02
Page	1

MARTINE PENILLA & KIM LLP
PETER B. MARTINE
710 LAKEWAY DRIVE
SUITE 170
SUNNYVALE CA 94086

FINA

PLEASE SEND REMITTANCES TO:
Patent and Trademark Office
P.O. Box 70541
Chicago, Ill. 60673

DATE POSTED			CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
DAY	YR.							
3	2	02	122	10147945	SUNMP073	581	40.00	5090.00
3	13	02	29	60220935		704	-130.00	5220.00
3	19	02	10	10099885	MIPFP010	102	252.00	4968.00
3	19	02	11	10099885	MIPFP010	103	270.00	4698.00
3	19	02	12	10099885	MIPFP010	104	280.00	4418.00
3	26	02	16	10099887	MIPFP011	102	1176.00	3242.00
3	26	02	17	10099887	MIPFP011	103	288.00	2954.00
3	26	02	18	10099887	MIPFP011	104	280.00	2674.00
3	27	02	70	10226481	AGSGP002	103	578.00	2096.00
3	27	02	72	10226481	AGSGP002	104	280.00	1816.00
3	28	02	46	09600229		704	-640.00	2456.00
MIPFP010 102 WE paid \$588 for 7 ind. clai.								
MIPFP010 103 WE pd. \$288 for 16 excess cla								
MIPFP010 104 WE pd. \$280								
CK # 7101								
\$2,156.00								
AMOUNT SUFFICIENT TO COVER ALL SERVICES REQUESTED. ST ALWAYS BE ON DEPOSIT					OPENING BALANCE	TOTAL CHARGES	TOTAL CREDITS	CLOSING BALANCE
					5130.00	3444.00	770.00	2456.00



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D.	DAY	YR.						
8	2	02	122	10147945	SUNMP073	581	40.00	5090.00
8	13	02	29	60220935		704	-130.00	5220.00
8	19	02	10	10099885	MIPFP010	102	252.00	4968.00
8	19	02	11	10099885	MIPFP010	103	270.00	4698.00
8	19	02	12	10099885	MIPFP010	104	280.00	4418.00
8	26	02	16	10099887	MIPFP011	102	1176.00	3242.00
8	26	02	17	10099887	MIPFP011	103	288.00	2954.00
8	26	02	18	10099887	MIPFP011	104	280.00	2674.00
8	27	02	70	10226481	AGSGP002	103	578.00	2096.00
8	27	02	72	10226481	AGSGP002	104	280.00	1816.00
8	28	02	46	09600229		704	-640.00	2456.00
					MIPFP011	102	(Ind claims over 3) we paid \$1,176.00 for 14	
					MIPFP011	103	(claims over 20) we paid \$288.00 for 16	
					MIPFP011	104	(mult. dep. claim) we pd. \$280 ck #7098 \$2744.00	
AMOUNT SUFFICIENT TO COVER ALL SERVICES REQUESTED MUST ALWAYS BE ON DEPOSIT					OPENING BALANCE 5130.00	TOTAL CHARGES 3444.00	TOTAL CREDITS 770.00	CLOSING BALANCE 2456.00



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MO.	DAY	YR.						
8	2	02	122	10147945	SUNMP073	581	40.00	5090.00
8	13	02	29	60220935		704	-130.00	5220.00
8	19	02	10	10099885	MIPFP010	102	252.00	4968.00
8	19	02	11	10099885	MIPFP010	103	270.00	4698.00
8	19	02	12	10099885	MIPFP010	104	280.00	4418.00
8	26	02	16	10099887	MIPFP011	102	1176.00	3242.00
8	26	02	17	10099887	MIPFP011	103	288.00	2954.00
8	26	02	18	10099887	MIPFP011	104	280.00	2674.00
8	27	02	70	10226481	AGSGP002	103	578.00	2096.00
8	27	02	72	10226481	AGSGP002	104	280.00	1816.00
8	28	02	46	09600229		704	-640.00	2456.00
Code 103: claims in excess of 20 Code 104: mult. dep. claim fee Both Paid 8-23-02								
CF # 7499 \$1,204.00								
AN AMOUNT SUFFICIENT TO COVER ALL SERVICES REQUESTED MAY BE DEPOSITED					OPENING BALANCE	TOTAL CHARGES	TOTAL CREDITS	CLOSING BALANCE
					5130.00	3444.00	770.00	2456.00